

KENTUCKY TEACHERS' RETIREMENT SYSTEM
479 Versailles Road, Frankfort, Kentucky 40601
Revised October 22, 2004

REVISED 2005 KTRS Retiree Open Enrollment
October 25 - November 12, 2004

The 2004 Extraordinary Special Session (for 2005 Health Insurance) has concluded.

IMPORTANT: If you completed and returned the previous 2005 application, please be advised it is invalid and has been shredded. **You must complete the enclosed NEW application to obtain 2005 coverage.** Please read through this letter and Supplement for *changes* to the 2005 health insurance coverage due to the Special Session. **You may jeopardize your coverage by leaving certain fields on the application blank, especially Social Security Number, Smoking Status, Option, Level of Coverage, and Signature. It is not necessary to complete the address section of the application unless you are requesting a change of address. Return the newly completed application by the Open Enrollment deadline of November 12, 2004. Note: The KTRS office will NOT BE OPEN November 2 (Election Day) and November 11 (Veteran's Day).**

Carrier Availability	Plan Type	Plan Codes	Plan Options	Deductible & Co-Insurance (Plus Co-payments for Enhanced & Premier)
One carrier available per region	PPO Only	Anthem: 463 Bluegrass: 093 CHA: 103 United Healthcare: 323	Essential, Enhanced, or Premier	See NEW Benefit Grid in Supplement

REVISED PREMIUM CHANGES

➤ **RATES.** *Salary Bands will no longer apply. Retirees will utilize the calculation chart and table on the reverse side of this letter.*

➤ **INCENTIVE FOR NON-SMOKERS REMAINS.** Smokers will pay an additional \$15 for single coverage, and \$30 for Parent Plus, Couple, or Family. **You must indicate smoking status as of July 1, 2004 on the NEW application. Due to time constraints, retirees ignoring this section will not receive the discount rather than invalidating the application.**

➤ **SPOUSES OF RETIREES WHO CURRENTLY PAY FULL PREMIUM** for their coverage will pay the following amounts:

	Essential	Enhanced	Premier
Spouse Single	Not offered	\$410	\$428.20
Spouse Parent Plus	\$465	\$524	\$580.38

➤ **CROSS-REFERENCE HAS BEEN RE-INSTATED FOR 2005.** *(See the attached Supplement.)*

➤ **OUT OF STATE RETIREES NOT BORDERING KENTUCKY** may only choose coverage in the Kentucky county/region from which they retired. If unable to utilize network providers, these retirees may be subject to "out-of-network" benefits.

➤ **OUT OF STATE RETIREES WHO LIVE IN A COUNTY BORDERING KENTUCKY** may only choose coverage available in the Kentucky region they border.

➤ **RE-EMPLOYED RETIREES** - If your active employment makes you eligible for coverage through the State Group Health Plan, you are not eligible for health insurance through KTRS. If you are re-employed in a KTRS covered position and eligible for health insurance, you are not eligible for health insurance through KTRS.

QUESTIONS regarding covered services, providers, or networks should be directed to the carrier at the numbers listed in the original Health Insurance Handbook and Supplement. All other questions may be directed to:

***Kentucky Personnel Cabinet,
Department for Employee
Insurance***
888 581-8834 or 502 564-6534
<http://personnel.ky.gov/dei.htm>

***Kentucky Teachers'
Retirement System***
800 618-1687 or 502
848-8500
www.ktrs.ky.gov

CALCULATE YOUR SHARE OF THE STATE GROUP HEALTH PLAN PREMIUM COST FOR 2005

PLAN COST	+	APPLICANT SMOKING STATUS COST	+	YEARS OF SERVICE COST	=	YOUR SHARE OF PREMIUM COST
Enter the Cost Below for <u>THE OPTION CHOSEN:</u> Essential PPO; Enhanced PPO; <i>OR</i> Premier PPO <u>AND</u> <u>LEVEL OF COVERAGE:</u> Single; Parent Plus; Couple; <i>OR</i> Family	+	<i>Non-Smoker</i> ▶ <u>Enter \$0</u> <i>Applicant Smoker taking</i> <i>Single Coverage</i> ▶ <u>Enter \$15</u> <i>Applicant Smoker taking</i> <i>Parent +, Couple, or</i> <i>Family Coverage</i> ▶ <u>Enter \$30</u>	+	<i>20 or more</i> ▶ <u>Enter \$0</u> <i>15 – 19.99</i> ▶ <u>Enter \$103</u> <i>10 – 14.99</i> ▶ <u>Enter \$205</u> <i>5 – 9.99</i> ▶ <u>Enter \$308</u>	=	FOR 2005 <div style="text-align: center;"> </div>
\$ _____	+	\$ _____	+	\$ _____	=	\$ _____

	SINGLE	PARENT PLUS	COUPLE	FAMILY
ESSENTIAL	Not Offered	\$55.00	\$259.53	\$320.14
ENHANCED	\$0.00	\$114.00	\$357.72	\$429.24
PREMIER	\$18.20	\$170.38	\$398.67	\$474.74